



City of Ann Arbor

PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

Mailing: 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

Location: 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

p. 734.794.6263 | f. 734.994.8460 | building@a2gov.org

CONTRACTOR REGISTRATION

FEES: Building: \$25 | Electrical: \$25 | Mechanical: \$15 | Plumbing: \$15
Fire Suppression: \$25 | Sign Specialist: \$25

The following information is **REQUIRED** to register your company to do work in the City of Ann Arbor.
Applicant must fill in **ALL SECTIONS** on this form. ****Items 1-4 do not pertain to Commercial Projects.**

COMPANY NAME: _____

QUALIFYING OFFICER: _____

COMPLETE ADDRESS: _____

EMAIL: _____

PHONE: _____ CELL: _____ FAX: _____

1. Copy of the **current Contractor's License** (and **Master's License** if plumbing or electrical).
2. Copy of a *clear* picture of **Driver's License** for the *person the license was issued to*.
3. **Letter(s) of authorization** for qualified agent(s) of company if not License Holder/Owner of Company.

AND THE FOLLOWING INFORMATION:

4. Contractor License Number: _____

Expiration Date: _____

5. Federal ID #: _____

DO NOT GIVE SOCIAL SECURITY NUMBER

6. Worker's Comp Insurance Carrier Name: _____

OR REASON FOR EXEMPTION: _____

7. Unemployment Agency # (previously MESC #): _____

(not the same as Federal ID#)

OR REASON FOR EXEMPTION: _____

***"Section 23A of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523A of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who perform work on residential building or residential structures. Violators of Section 23A are subject to civil fines."

Today's Date

Contractor/Applicant Signature

**Please provide payment information to process the application using a payment cover sheet.
Any application received without payment information included cannot be processed.**



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PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____